

MULTIPLE DEPEN.  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/551890

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		2		1			
5							
6							
7							
8							
9							
10	1		1				
11		1		1			
12		2		1			
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49							
50							
TOTAL IND.	2		2				
TOTAL DEP.	27	↔	20	↔	↔		
TOTAL CLAIMS	24		22				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							